

FIG. 1

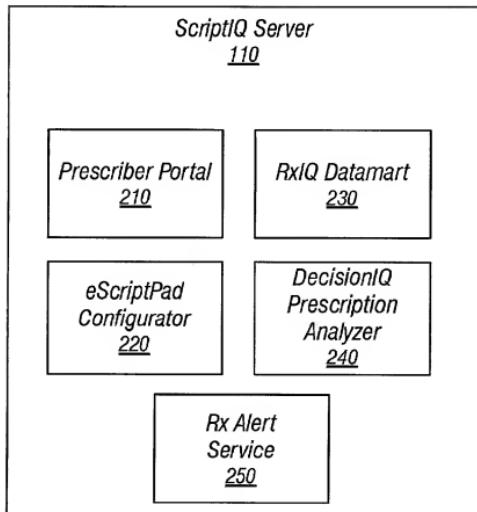


FIG. 2

3/22

300



XXXXXX, MD DEA # XXXXXXXXXX
XXXXXXX CA LICENSE #XXXXXXX
XXXXXXX
XXXXXXX

PATIENT NAME: _____ DATE: _____
ADDRESS: _____

<input type="checkbox"/> ADALAT CC 30/ 60 /90	<input type="checkbox"/> DYAZIDE	<input type="checkbox"/> METFORMIN 500/850
MG		MG
<input type="checkbox"/> ALLEGRA 60 MG	<input type="checkbox"/> ENALAPRIL 5 / 10	<input type="checkbox"/> METOPROLOL 50
	MG	MG
<input type="checkbox"/> AMOXICILLIN 250/500	<input type="checkbox"/> FUROSEMIDE 20 / 40	<input type="checkbox"/> NAPROXEN 375 / 500
MG	MG	MG
<input type="checkbox"/> ATENOLOL 50 MG	<input type="checkbox"/> IBUPROFEN 600 / 800	<input type="checkbox"/> NASACORT AQ
	MG	
<input type="checkbox"/> CAPTOPRIL 12.5 / 25	<input type="checkbox"/> KCl 8 /10 / 20 mEq.	<input type="checkbox"/> PREMARIN 0.3 / 0.625
MG		MG
<input type="checkbox"/> CELEXA 20 / 40	<input type="checkbox"/> LIPITOR 10 / 20 / 40	<input type="checkbox"/> PREMPRO 0.625 / 2.5
MG	MG	MG
<input type="checkbox"/> CEPHALEXIN 250/500	<input type="checkbox"/> LOTENSIN 10 / 20 / 40	<input type="checkbox"/> RANITIDINE 150/300

OTHER _____

SIG _____

QD BID TID QID PRN QTY: _____ REFILL X _____
 DAW

SPECIAL INSTRUCTIONS ON BACK OF PRESCRIPTION

PROVIDER SIGNATURE _____

FILL WITH GENERIC DRUG UNLESS OTHERWISE STATED. ONLY ONE
MEDICATION PER PRESCRIPTION.

FIG. 3

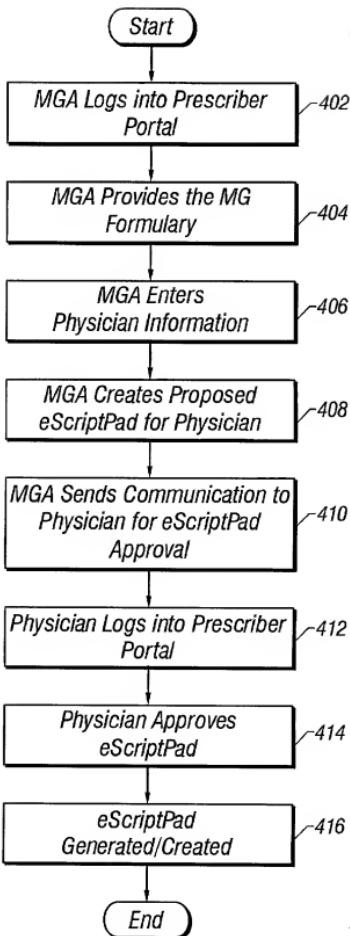


FIG. 4

<i>Oral Contraceptives</i>	<i>Cost</i>							
		<i>H/N/F</i>	<i>PC/SH</i>	<i>WHA</i>	<i>Aetna</i>	<i>Cigna</i>	<i>BC</i>	<i>BS</i>
<i>Necon, Norinyl, Norethin, Ortho Novum, Genora--1/50 (generics)</i>	\$11-27	X	X	X	X	X	X	X
<i>Necon, Norinyl, Norethin, Ortho Novum, Genora, Jenest, Nelova--1/35 (generics)</i>	\$11-27	X	X	X	X	X	X	X
<i>Modicon, Genora, Necon, Nelova, Brevicon--0.5/35</i>	\$20	X	X		X	X	X	X
<i>Ovrette</i>	\$25	X	X	X				X
<i>Desogen, Ortho-Cept</i>	\$27	X	X	X	X	X	X	X
<i>Estrostep</i>	\$27	X		X				
<i>Tri-Norinyl</i>	\$28	X	X	X		X	X	X
<i>Triphasil, Tri-Levien</i>	\$29	X	X	X	X	X	X	X
<i>Mircette</i>	\$30	X	X					X
<i>Nordette, Levlen, Levora</i>	\$30	X	X	X	X	X	X	X
<i>Lo-Ovral</i>	\$31	X	X	X	X	X	X	X
<i>Ortho Cyclen</i>	\$31	X		X	X			X
<i>Ortho-Tri-Cyclen</i>	\$31	X		X	X			X
<i>Ortho Novum 777</i>	\$31	X		X	X	X	X	X
<i>Demulen, Zovia--1/35, 1/50</i>	\$31-35	X	X	X		X	X	X
<i>Ovcon--35, 50</i>	\$32/35			X		X		X
<i>Alesse, Levlite</i>	\$32	X	X	X	X	X	X	X
<i>Loestrin, Loestrin Fe 1/20, 1.5/3.0</i>	\$33	X		X	X	X	X	X
<i>Ortho Novum, Necon--10/11</i>	\$34	X			X	X	X	X
<i>Micronor, Nor-Q-D</i>	\$35	X	X	X	X	X	X	X
<i>Ovral</i>	\$50	X	X		X	X	X	X

FIG. 5A

Hormone Replacement Therapy	Cost	Y	Y	HN/F	PC/SH	WHA	Aetna	Cigna	BC	BS
Provera, Cycrin (generic) 5mg	\$5			X	X	X	X	X	X	X
Estrace (generic)	\$6			X	X	X	X	X	X	X
Estropipate-Ogin (generic) 0.625mg	\$6			X	X	X	X	X	X	X
Menest 0.625mg	\$7			X	X			X	X	X
Cenestin 0.625mg	\$18									
Estratab 0.625mg	\$19			X	X		X	X	X	X
Premarin 0.625mg	\$21			X	X	X	X	X	X	X
Prempro 0.625mg/2.5mg	\$31			X	X	X	X	X	X	X
FemHRT	\$25									
Ortho-Prefest	\$25									X
Activella	\$26									X
Climara 0.05mg/24 hrs (4 patches/mo)	\$27			X			X	X	X	X
Vivelle 0.05mg/24 hrs (8 patches/mo)	\$28				X	X	X	X	X	X
Estraderm 0.05mg/24 hrs (8 patches/mo)	\$28			X	X	X	X	X	X	X
Estratest 2.5mg/1.25, Estratest HS	\$40/32	X	X	X	X	X	X	X	X	X

Antihistamines	Cost	Y	HN/F	PC/SH	WHA	Aetna	Cigna	BC	BS
Fexofenadine (Allegra) 60mg BID prn	\$42		X	X	X		X	X	X
Cetirizine (Zyrtec) 10mg qd	\$49		X*		X*	X			X
Azelastine (Astelin) Nasal Spray 2 sprays each nostril BID prn	\$50		X	X		X		X	X
Loratadine (Claritin) 10mg qd	\$61		X	X		X	X	X	X

*Zyrtec syrup is covered for children <12

FIG. 5B

Antidepressants	Cost	Insurance Coverage						
		H/N/F	PC/SH	WHA	Aetna	Cigna	BC	BS
Amitriptyline (generic)	\$4	X	X	X	X	X	X	X
Trazodone (generic)	\$5	X	X	X	X	X	X	X
Nortriptyline (generic)	\$6	X	X	X	X	X	X	X
Imipramine (generic)	\$9	X	X	X	X	X	X	X
Desipramine (generic)	\$9	X	X	X	X	X	X	X
Citalopram (Celexa)	\$51	X	X	X			X	X
Paroxetine (Paxil)	\$63	X	X	X	X	X	X	X
Sertraline (Zoloft)	\$63	X		X	X	X	X	X
Nefazodone (Serzone)	\$65	X	X	X	X	X	X	X
Venlafaxine (Effexor XR)	\$73	X	X	X	X		X	
Bupropion (Wellbutrin SR)	\$75	X		X	X		X	X
Mirtazapine (Remeron)	\$76	X		X	X		X	X
Fluoxetine (Prozac)	\$108	p		X*	X	X	X	X

*PA if higher dose

FIG. 5C

Antibiotics - Adults	Cost						
		H/N/F	P/C/S/H	W/H/A	Aetna	Cigna	B/C
Penicillin	\$3	X	X	X	X	X	X
TMP/SMX	\$3	X	X	X	X	X	X
Doxycycline	\$3	X	X	X	X	X	X
Metronidazole	\$3	X	X	X	X	X	X
Tetracycline	\$4	X	X	X	X	X	X
Amoxicillin	\$4	X	X	X	X	X	X
Cephalexin	\$5	X	X	X	X	X	X
Erythromycin	\$6	X	X	X	X	X	X
Sulfa/Erythro	\$8	X	X	X	X	X	X
Dicloxacillin	\$9	X	X	X	X	X	X
Nitrofurantoin	\$12	X	X	X	X	X	X
Clindamycin	\$21	X	X	X	X	X	X
Cefaclor (generic)	\$25	X	X	X	X	X	X
Azithromycin (Zithromax)	\$35	X	X	X	X	X	X
Clarithromycin (Biaxin)	\$55	X	X	X	X	X	X
Cefprozil (Cefzil) peds pricing	\$60	X	X	X	X	X	X
Gatifloxacin (Tequin)	\$53	X	X*				
Levofloxacin (Levaquin)	\$60			X	X	X	
Moxifloxacin (Avelox)	\$61						
Ciprofloxacin (Cipro)	\$63	X	X	X	X	X	X
Amoxicillin/Clavulanate (Augmentin) peds-\$65	\$80	X	X	X	X	X	X
Cefuroxime (Ceftin)	\$85	X	X	X	X	X	X

*> 65 years old w/CAP (community acquired pneumonia)

FIG. 5D

Nsaid	Cost	H/N/F		P/C/SH	WHA	Aetna	Cigna	BC	BS
		Y	Y						
Indomethacin (generic) 25mg tid	\$4	X	X	X	X	X	X	X	X
Ibuprofen (generic) 600mg tid	\$4	X	X	X	X	X	X	X	X
Piroxicam (generic) 10mg bid	\$4	X	X		X	X	X	X	X
Naproxen (generic) 500mg bid	\$7	X	X	X	X	X	X	X	X
Salsalate (generic) 750mg ii bid	\$8	X	X	X	X	X	X	X	X
Ketoprofen (generic) 75mg tid	\$10	X	X	X	X	X	X	X	X
Etodolac-Lodine (generic) 400mg bid	\$24			X	X	X	X	X	X
Diclofenac-Na-Voltaren (generic) 50mg tid	\$27	X	X	X	X	X			X
Diclofenac-K (generic) 50mg tid	\$36	X				X		X	X
Tolmetin (generic) 400mg bid	\$37	X	X		X	X			
Meloxicam (Mobic) 15mg qd	\$65								
Refecoxib (Vioxx) 25mg qd	\$76	p	p	p	p				
Celecoxib (Celebrex) 200mg qd	\$76	p		p	p				
Nabumetone (Relafen) 500mg ii qd	\$82								
Oxyprozin (Daypro) 600mg ii qd	\$101								
Celecoxib (Celebrex) 200mg bid	\$151	p		p	p				

Green- Best Practice Preferred Choice

Black- No Specific Recommendation

Pink- Prior Auth., or step therapy, or has quantity or age limits

Y- Utilization Pricing

YY- AWP Pricing

**XYZ MEDICAL
GROUP**

Formulary
Selection
Guide

FIG. 5E

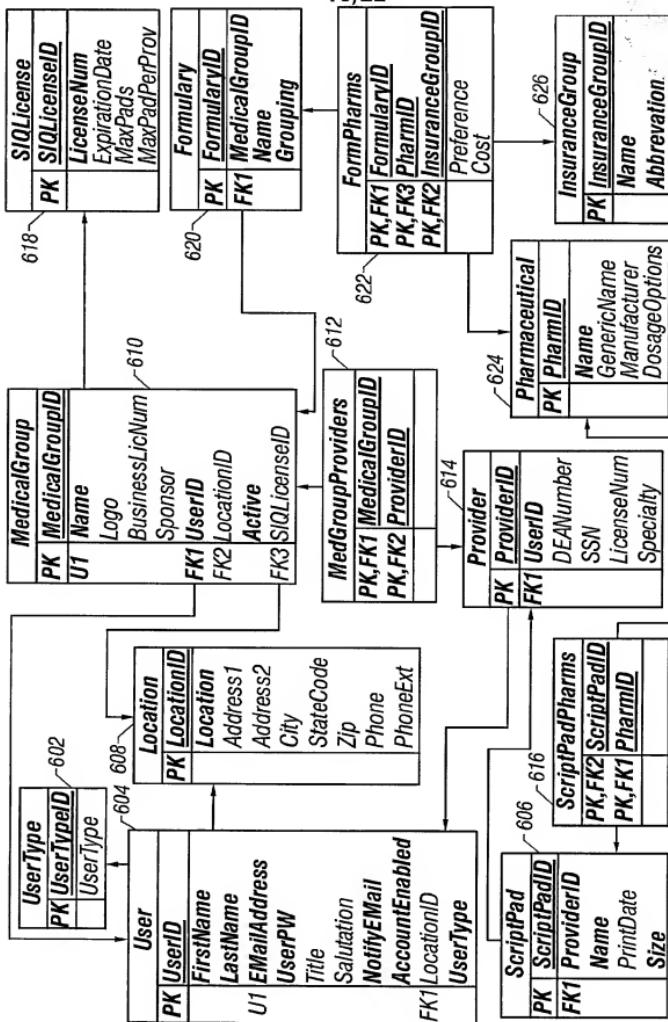


FIG. 6

卷之三

700

 INTELLIGENT PRESCRIBING SOLUTIONS		Personal Profile (Physician)	
<p>Welcome Dr. John Doe</p>			
<p><i>My eScript Pads</i></p> <p><i>My Account</i></p> <p><i>Account History</i></p> <p><i>Order eScript Pads</i></p>		<p><i>Personal Information</i></p> <p>Subscriber ID Type: <input type="radio"/> DEA <input type="radio"/> ID# <input type="radio"/> SSN <input type="radio"/> Lookup</p> <p>Salutation: <input type="radio"/> Dr. <input type="radio"/> Mrs. <input type="radio"/> Mrs.</p> <p>First Name: <input type="text"/> Last Name: <input type="text"/> Suffix: <input type="text"/></p> <p>Specialty: <input type="radio"/> Pediatrics <input type="radio"/> OB/GYN <input type="radio"/> Family Practice <input type="radio"/> Other Title: <input type="text"/> (DO, MD, Etc.)</p>	
<p><i>Sponsor Group/Practice Information</i></p>		<p><i>Sponsorship Code:</i> <input type="text"/></p>	
<p>Type: <input type="radio"/> Physician Practice <input type="radio"/> Group Practice</p>		<p>Name: <input type="text"/> Search</p>	
<p>Practice Speciality: <input type="radio"/> Pediatrics <input type="radio"/> OB/GYN <input type="radio"/> Family Practice <input type="radio"/> Other</p>		<p>Address / Shipping Information</p>	
<p>Address Type: <input type="radio"/> Office <input type="radio"/> Residence</p>		<p>Street Address: <input type="text"/></p>	
<p>Dept/Suite/Etc: <input type="text"/></p>		<p>City: <input type="text"/> State: <input type="radio"/> AK <input type="radio"/> AL <input type="radio"/> AK <input type="radio"/> AL Zip/Postal Code: <input type="text"/></p>	
<p>Shipping Contact: <input type="text"/></p>		<p>Phone: <input type="text"/> Fax: <input type="text"/></p>	
<input style="border: 1px solid black; padding: 2px 10px; margin-right: 10px;" type="button" value="Update"/> <input style="border: 1px solid black; padding: 2px 10px;" type="button" value="Print"/> <input style="border: 1px solid black; padding: 2px 10px;" type="button" value="Cancel"/>			

FIG. 7

808

Modify Medications

25

SCB/PT

Welcome Dr. John Doe

My eScript Pads Edition 2: Standard Pad

My Account

11/18/2014

Account History

order eScript Pads

111

111

1000

111

111

1000

111

111

Available medications

be limited based

pull the list of publications approved by

the physician's

Monitoring group or medication group

100

Preview

111

FIG. 8

900

<p>SCRIPT 1</p> <p>INTELLIGENT PRESCRIBING SOLUTIONS</p> <p>Welcome Dr. John Doe</p>	<p>eScriptPad Preview</p> <p>eScriptPad Preview</p> <p>Preview: Standard Pad</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: right; padding-right: 5px;">  Medline MEDICAL GROUP HEALTH CARE SYSTEM 美国医疗保健公司 </td> <td style="width: 10%; text-align: right; padding-right: 5px;"> <input type="checkbox"/> Order this eScriptPad </td> <td style="width: 10%; text-align: right; padding-right: 5px;"> DEA # XXXXXXXXXX CA LICENSE # XXXXXXXX </td> </tr> <tr> <td colspan="3" style="text-align: center; padding: 5px;"> PATIENT NAME: _____ DATE: _____ </td> </tr> <tr> <td colspan="3" style="text-align: center; padding: 5px;"> ADDRESS: _____ </td> </tr> <tr> <td colspan="3" style="text-align: center; padding: 5px;"> PHONE: _____ </td> </tr> <tr> <td colspan="3" style="text-align: center; padding: 5px;"> FAX: _____ </td> </tr> <tr> <td colspan="3" style="text-align: center; padding: 5px;"> E-MAIL: _____ </td> </tr> <tr> <td colspan="3" style="text-align: center; padding: 5px;"> RX ALERTS: _____ </td> </tr> <tr> <td colspan="3" style="text-align: center; padding: 5px;"> FORMULARY CHANGES: _____ </td> </tr> <tr> <td colspan="3" style="text-align: center; padding: 5px;"> PRODUCT NOTICES: _____ </td> </tr> <tr> <td colspan="3" style="text-align: center; padding: 5px;"> REPORTING: _____ </td> </tr> <tr> <td colspan="3" style="text-align: center; padding: 5px;"> ORDER RX SUPPLIES: _____ </td> </tr> <tr> <td colspan="3" style="text-align: center; padding: 5px;"> OTHER: _____ </td> </tr> <tr> <td colspan="3" style="text-align: center; padding: 5px;"> SIGN: _____ </td> </tr> <tr> <td colspan="3" style="text-align: center; padding: 5px;"> D0 BID TID QID PMW QTY: _____ REFILL X _____ </td> </tr> <tr> <td colspan="3" style="text-align: center; padding: 5px;"> <input type="checkbox"/> SPECIAL INSTRUCTIONS ON BACK OF PRESCRIPTION </td> </tr> <tr> <td colspan="3" style="text-align: center; padding: 5px;"> PROVIDER SIGNATURE: _____ </td> </tr> <tr> <td colspan="3" style="text-align: center; padding: 5px;"> FILL WITH GENERIC DRUG UNLESS OTHERWISE STATED. ONLY ONE MEDICATION PER PRESCRIPTION. </td> </tr> </table>	 Medline MEDICAL GROUP HEALTH CARE SYSTEM 美国医疗保健公司	<input type="checkbox"/> Order this eScriptPad	DEA # XXXXXXXXXX CA LICENSE # XXXXXXXX	PATIENT NAME: _____ DATE: _____			ADDRESS: _____			PHONE: _____			FAX: _____			E-MAIL: _____			RX ALERTS: _____			FORMULARY CHANGES: _____			PRODUCT NOTICES: _____			REPORTING: _____			ORDER RX SUPPLIES: _____			OTHER: _____			SIGN: _____			D0 BID TID QID PMW QTY: _____ REFILL X _____			<input type="checkbox"/> SPECIAL INSTRUCTIONS ON BACK OF PRESCRIPTION			PROVIDER SIGNATURE: _____			FILL WITH GENERIC DRUG UNLESS OTHERWISE STATED. ONLY ONE MEDICATION PER PRESCRIPTION.		
 Medline MEDICAL GROUP HEALTH CARE SYSTEM 美国医疗保健公司	<input type="checkbox"/> Order this eScriptPad	DEA # XXXXXXXXXX CA LICENSE # XXXXXXXX																																																		
PATIENT NAME: _____ DATE: _____																																																				
ADDRESS: _____																																																				
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ORDER RX SUPPLIES: _____																																																				
OTHER: _____																																																				
SIGN: _____																																																				
D0 BID TID QID PMW QTY: _____ REFILL X _____																																																				
<input type="checkbox"/> SPECIAL INSTRUCTIONS ON BACK OF PRESCRIPTION																																																				
PROVIDER SIGNATURE: _____																																																				
FILL WITH GENERIC DRUG UNLESS OTHERWISE STATED. ONLY ONE MEDICATION PER PRESCRIPTION.																																																				

FIG. 9

1000

SCRIPT  INTELLIGENT PRESCRIBING SOLUTIONS

Welcome Dr. John Doe

eScript/Pac Maintenance (1)

Order this eScriptPad

Description: Standard Pad

Field:

Field:

Field:

Field:

Paper Stock: Fraud Proof 

Logo: None 



Sheets per Pad: 

Update **Modify Medications** **Preview**

FIG. 10

1100

 INTELLIGENT PREScribing SOLUTIONS Welcome Dr. John Doe	Order Rx Supplies		
My eScript Pads			
My Account			
Account History			
Order eScript Pads			
Shopping Cart			
			
Qty	Description	Price	Total
50 <input checked="" type="checkbox"/>	Standard eScript Pads (100 pages per pad)	\$ 2.50	\$ 125.00
<input type="button" value=""/>		<input type="button" value=""/>	
<hr/> Checkout			

FIG. 11

To: Medical Group User
From: eScriptIQ System Alert Service
Date: November 1, 2001
Subject: ALERT - Changes to eScriptPad Prescription Pads

Dear Medical Group User,

We have noted that you have changed the formulary for your medical group. The eScriptPad prescription pads for the following doctors are affected and should be changed:

Dr. John Doe johndoe@scriptiq.com
Dr. Mary Smith marysmith@scriptiq.com
Dr. Jack Jones jack.jones@scriptiq.com

You can revise their prescription pads by clicking on this link: <http://www.ScriptIQ.com/login.html>.

Sincerely,
ScriptIQ Alert Administrator

FIG. 12

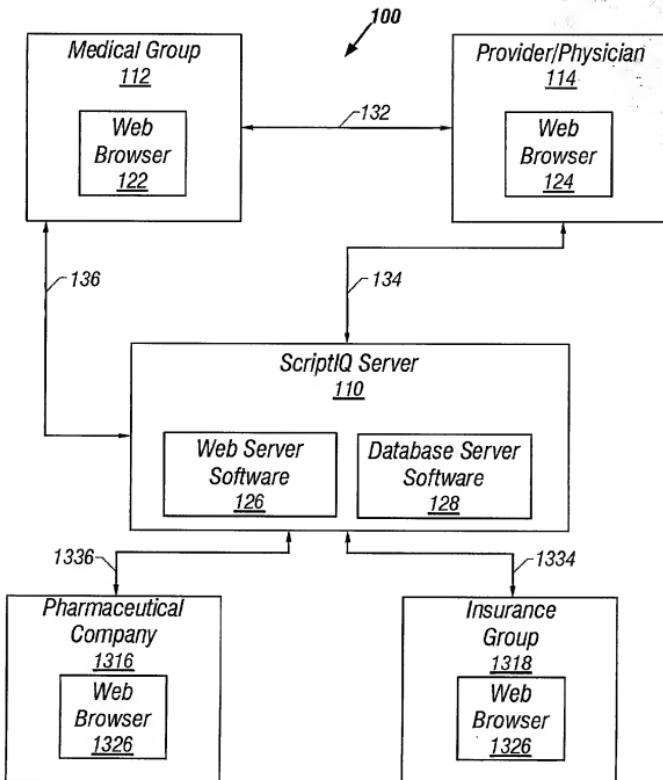


FIG. 13

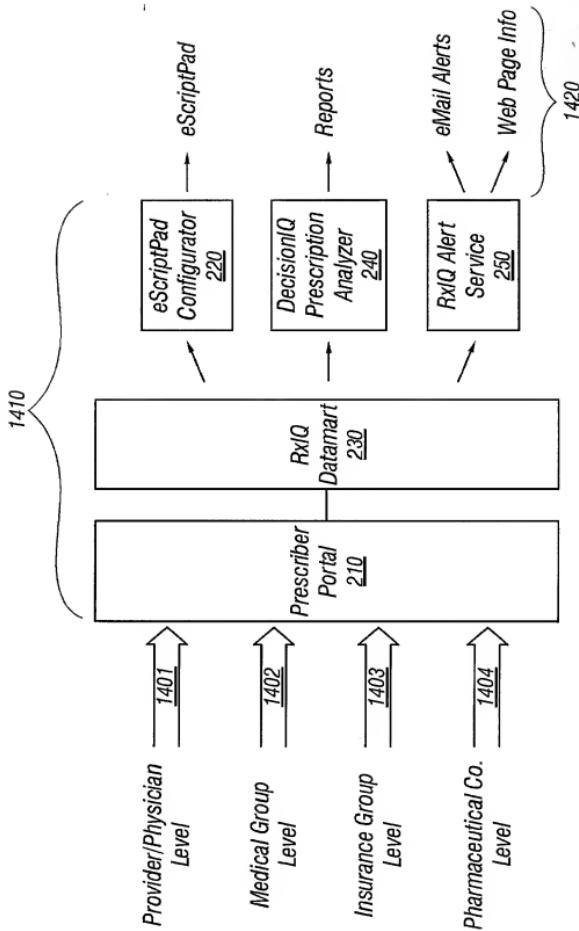


FIG. 14

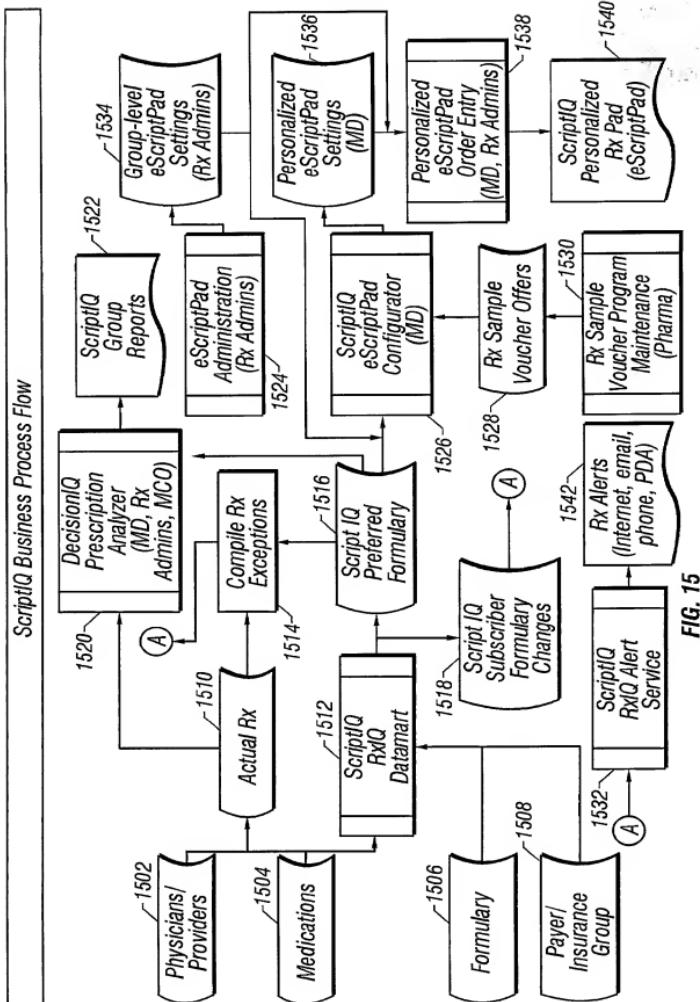


FIG. 15

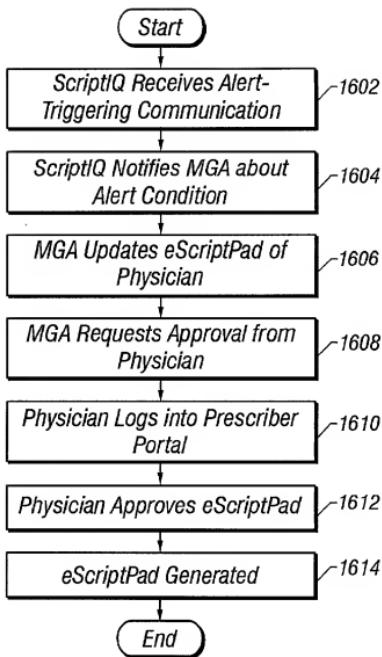


FIG. 16

To: Medical Group User
From: eScriptIQ System Alert Service
Date: November 1, 2001
Subject: ALERT - Changes to eScriptPad Prescription Pads

Dear Medical Group User,

We have received a communication from ABC Pharmaceutical Company stating that pharmaceutical product 123AB has been recalled. Please see <http://www.ScriptIQ.com/RxAlertService/Alert1987.html> for any additional information.

The eScriptPad prescription pads for the following doctors are affected and should be changed:

Dr. John Doe johndoe@scriptiq.com
Dr. Mary Smith marysmith@scriptiq.com
Dr. Jack Jones jack.jones@scriptiq.com

You can revise their prescription pads by clicking on this link: <http://www.ScriptIQ.com/login.html>.

Sincerely,
ScriptIQ Alert Administrator

FIG. 17

22/22

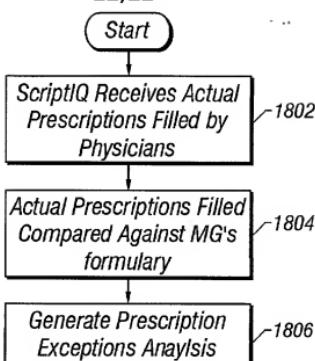


FIG. 18

10005555-011600

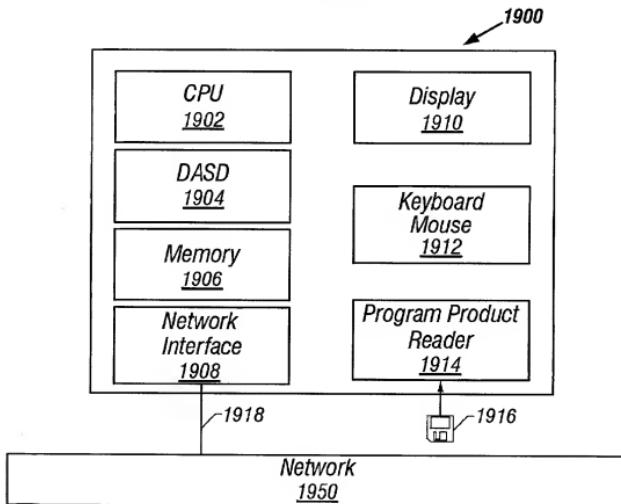


FIG. 19